

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P. E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>11/16</i>
FORMALITY REVIEW	<i>cy</i>	<i>1122</i>	<i>11/22/01</i>
RESPONSE FORMALITY REVIEW	<i>TA</i>	<i>1113</i>	<i>02-04 02</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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HJC 1118 11-28-01